



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)				
FULL LEGAL NAME		FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED:				
DATE OF BIRTH		mm / dd / yyyy		SOCIAL SECURITY NUMBER - -
MAILING ADDRESS				
CITY	STATE	ZIP	COUNTY	
PHONE # ()	FAX # ()	E-MAIL		
CRIMINAL BACKGROUND DISCLOSURE				
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>				
1. Have you ever been convicted by any court of any crime? (circle one) NO YES				
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.				
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES				
If yes, enclose a detailed explanation and copies of all documents.				
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.				
SIGNATURE		DATE		

**BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS
APPLICATION FOR LICENSURE AS A LANDSCAPE ARCHITECT**

LICENSE TYPE: <input type="checkbox"/> ARCHITECT <input type="checkbox"/> LANDSCAPE ARCHITECT <input type="checkbox"/> INTERIOR DESIGNER				
CHECK ONE	TYPE OF APPLICATION	FEE	CRIMINAL HISTORY	TOTAL FEES
	EXAM (ARE)(LARE)	\$100	\$21	\$121
	RECIPROCITY	\$100	\$21	\$121
	NCARB*	\$100	v	\$121
	CLARB**	\$100	\$21	\$121
	NCIDQ***	\$100	\$21	\$121
	REINSTATEMENT OF LAPSED LICENSE (UP TO 2 YEARS)	SEE INSTRUCTIONS FOR FEE SCHEDULE		_____

Office Use Only:
1446—\$100
2619—\$21.00

Office Use Only
Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date _____
Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)		FIRST	MIDDLE INITIAL	LAST
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my				
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____		
Card number: XXXX-XXXX-XXXX-XXXX		Expiration Date mm / yyyy		
SIGNATURE		DATE		

NAME: _____

EDUCATION

If **NOT** applying with an CLARB certificate or with an IDP record, please have an official copy of your college transcript(s) forwarded to this office

OTHER

If applying by reciprocity, list which state are you applying from AND enclose an original verification of current licensure from that state. _____

In which state did you take the national exam (ARE, LARE, NCIDQ) or equivalent? _____
Please provide an original verification of exam from that state.

APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief.

I will not perform or contract for any landscape architectural services in the state of Maine until such time as this application is approved and a license has been granted to me by the Maine Board.

By submitting this application I understand that the Maine Board of Architects, Landscape Architects and Interior Designers will rely upon this information for issuance of my license and that this information is truthful and factual.

I further understand that sanctions may be imposed, including denial, suspension or revocation of my license if this information is found to be false.

Applicant's Signature _____ **Date:** _____

NAME: _____

PRACTICAL EXPERIENCE

THIS SECTION TO BE USED TO VERIFY QUALIFICATION FOR LICENSURE WHEN THE APPLICANT DOES NOT HAVE AN NCARB/CLARB/NCIDQ CERTIFICATION OR AN IDP RECORD. IN ADDITION TO COMPLETING THIS CHART, THE APPLICANT MUST ALSO PROVIDE A SIGNED EMPLOYMENT VERIFICATION FORM FOR EACH EMPLOYER LISTED.

***If part-time work is noted, state average number of hours per week. **If “other” kinds of work are noted, please describe.**

Each employer noted must also sign an employment verification form.

Full Name & Complete Address of Supervisors of work experience	Dates of Employment Give Month & Year	Total Time Employed		General Practice	Teaching & Research	Public Service	Other—Explain*
		Part* Time	Full Time				
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						

MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS

NAME OF APPLICANT _____

ADDRESS _____

IS/WAS EMPLOYED BY _____

DATES FOR EMPLOYMENT: FROM _____ TO _____ FULL TIME _____ PART TIME _____

POSITION _____

AREA OF EXPERIENCE: ☒ ALL THAT APPLY

Programming	Site & Environmental Analysis	Schematic Design
Code Research	Design Development	Construction Documents
Specs and Materials Research	Document Checking and Coordination	Bidding Procedures
Construction Phase-Office	Construction Phase-Observation	Office Procedures
Plantings	Lighting	Permitting
Grading	Layout Planning	

SIGNATURE _____ DATE _____

TO BE FILLED OUT BY EMPLOYER

DATES OF EMPLOYMENT ARE CORRECT _____ AREA OF EXPERIENCE IS CORRECT _____

PLEASE INDICATE YOUR OPINION OF THE APPLICANT'S POTENTIAL TO PRACTICE ARCHITECTURE/LANDSCAPE ARCHITECTURE BY PLACING AN "X" IN THE APPROPRIATE SPACE BELOW:

PRACTICAL EXPERIENCE: EXCELLENT _____ SATISFACTORY _____ UNSATISFACTORY _____

COMMENTS: _____

PROFESSIONAL COMPETENCE: EXCELLENT _____ SATISFACTORY _____ UNSATISFACTORY _____

COMMENTS: _____

FIRM NAME _____ POSITION IN FIRM _____

SIGNATURE _____ DATE _____

NAME PRINTED _____

PLEASE MAIL THE COMPLETED FORM TO: MAINE BOARD FOR LICENSURE OF ARCHITECTS LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS, 35 STATE HOUSE STATION, AUGUSTA, ME 04333

LICENSURE OF LANDSCAPE ARCHITECTES

Landscape Architects can become licensed by one of the following options:

- 1. Landscape Architect Registration Examination (LARE)**
- 2. Reciprocity with License in Another State**
- 3. Reciprocity with Current CLARB Record**
- 4. Reinstatement of a Lapsed License**

APPLICATION TO TAKE THE LANDSCAPE ARCHITECT REGISTRATION EXAM (LARE)

An application file shall consist of:

1. State of Maine Application
2. A Notarized Affidavit
3. School Transcripts - (If no degree was earned, please list the number of credits and the general field of study)
4. Employment Verification Form
5. Reference Letters
6. Non-refundable Application Fee of \$121.00
7. (Make checks payable to, "Treasurer, State of Maine")

Once the application is complete,

- Board Clerk will schedule personal interview* with the Board
- Applicant approved/disapproved by Board
- If approved, Applicant Scheduled for Examination
- Applicant Sits for Sections C & E of the Examination - Board Proctored in June & December
Sections A, B & D are administered via CLARB through a testing company in April & August
- Scores tracked and reported by the Board
- Offer License to Applicants Who Successfully Complete the LARE **
- Generate license number through License System
- Applicant sent letter requesting to provide copy of seal with assigned number & \$60.00 License Fee
- Receive License Fee with Evidence of Seal
- Activate License
- Renew License on Annual Basis (\$60.00 renewal fee)

***PERSONAL INTERVIEW:** A 15 minute personal interview is required of all LARE applicants to determine if minimum qualifications have been obtained to qualify for examination. At this time the applicant brings a portfolio that includes samples which best portray the depth and scope of their work. If approved, the Board Coordinator will notify applicant of approval. If the application is denied the Board Coordinator will notify the applicant of deficiencies determined by the Board.

****Current rules state that the applicant must successfully complete the LARE within any three (3) year examination period or be subject to reapplication.**

APPLICATION FOR LANDSCAPE ARCHITECT LICENSE VIA RECIPROCITY WITH ANOTHER STATE

Applicant must be a current licensee of another state.

An application file shall consist of :

1. State of Maine Application
2. Non-refundable Application Fee of \$121.00 (Make checks payable to, "Treasurer, State of Maine")
3. School Transcripts (If no degree was earned, please list the number of credits and the general field of study)
4. Employment Verification Form (Must verify a minimum of 2 years work experience under a licensed landscape architect; more if not degree)
5. Reference Letters
6. Certificate of Good Standing from Current License State (This certification should confirm exam scores)

Once the application is complete,

- Board clerk will Schedule personal interview* with the Board
- Applicant approved/disapproved by Board
- Generate license number through License System
- Applicant sent letter requesting applicant to provide copy of seal with assigned number \$60.00 License Fee
- Receive License Fee with Evidence of Seal
- Activate License
- Renew License on Annual Basis (\$60.00 renewal fee)

***PERSONAL INTERVIEW:** A 15 minute personal interview is required of all reciprocity applicants to determine if minimum qualifications have been met. At this time the applicant brings a portfolio that includes samples which best portray the depth and scope of their work. If approved the Board Coordinator will notify applicant of approval. If the application is denied the Board Coordinator will notify the applicant of deficiencies determined by the Board.

APPLICATION FOR LANDSCAPE ARCHITECT LICENSE VIA RECIPROCITY WITH CLARB RECORD

Applicant is a current licensee of another state. The applicant files application through the Council of Landscape Architectural Registration Boards (CLARB). By utilizing CLARB the applicant is **not** required to appear before the Board for a personal interview.

An application file shall consist of:

1. State of Maine Application Pages 1 and 2 only
2. Non-refundable Application Fee of \$121.00 (Make checks payable to, "Treasurer, State of Maine")
3. CLARB Record indicating Current License in Another State

Once the application is complete,

- Generate license number through License System
- Applicant sent letter requesting to provide copy of seal with assigned number & \$60.00 License Fee
- Receive License Fee with Evidence of Seal
- Activate License
- Renew License on Annual Basis (\$60.00 renewal fee)

**APPLICATION FOR REINSTATEMENT OF
A LANDSCAPE ARCHITECT LICENSE
WHICH HAS LAPSED MORE THAN 90 DAYS
BEYOND THE EXPIRATION DATE**

Licensees whose licenses have lapsed beyond 90 days after the expiration date must re-apply as a new applicant via CLARB **OR** via direct reciprocity with another state. All steps will be the same as noted previously for new applicants except for the fee schedule which is as follows:

Reinstatement fee:	\$50.00	This is a one time fee.
Back Renewal fees:	\$60.00	For each year beyond the expiration date.
Back Late fees:	\$50.00	For each year beyond the expiration date.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 122 Northern Avenue, Gardiner, Maine.
What hours are you open? 8:00 AM to 5:00 PM weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE, you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.
- **Is a CLARB certification required for a reciprocal license?** No, but it is the fastest way to become licensed since it does not require board approval or an interview. CLARB applications can be completed within a couple of weeks assuming the application is complete.
- **Can a landscape architect without a CLARB certificate obtain a reciprocal license?** Yes, the applicant must provide extensive verification of all education and experience which will be evaluated by the board. An interview is also required which will not be scheduled until the application has been received and evaluated.
- **How long does it take to approve a reciprocal license?** It could take several months depending on the documentation submitted and the interview schedule.
- **Does Maine license companies?** No.
- **Does Maine have a continuing education requirement for renewal?** No.
- **Is there a charge to send my registration history and/or exam scores to another state for a reciprocal license or to CLARB for certification?** Yes, the fee is \$10.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.